

TRANSPORTATION DISCREPANCY REPORT	1. DATE	2. REPORT NUMBER	FORM APPROVED OMB NO. 3090-0093
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DAFT I

☐ **REQUEST FOR INFORMATION (RFI)**
☐ **INITIAL NOTIFICATION**
☐ **MISCELLANEOUS PROBLEMS**

3. TO				4. REPORTING ACTIVITY			
5. CONSIGNOR				6. COSIGNEE			
7. SHIPPER				8. CARRIER ROUTING AND IDENTIFICATION			
9. POINT OF ORIGIN				10. CARRIER'S PRO/FREIGHT BILL NO.			
11. DESTINATION				12. BILL OF LADING NO./TYPE			
13. MODE CODE	14. DATE CARRIER SIGNED FOR SHIPMENT	15. DATE COSIGNEE RECEIVED SHIP- MENT	16. DATE DIS- CREPANCY DISCOVERED	17. DATE CARRIER NOTIFIED	18. NAME OF PERSON CONTACTED		

19. SEAL NUMBERS AND CONDITION

☐ **INTACT**
☐ **BROKEN/MISSING** *(Include details)*

ACQUISITION DOCUMENT AND/OR TRANSPORTATION CONTROL NO. 20	COMMODITY DESCRIPTION AND/OR NATIONAL STOCK NO. (NSN) 21	TYPE OF PACK 22	QUANTITY DIS- CREPANT (PIECES) 23	TYPE AND CAUSE CODE 24	ISSUE DATA				VALUE OR COST OF REPAIRS 29
					UNIT OF ISSUE 25	UNITS BILLED/ SHIPPED 26	DISCREPANT		
							UNITS 27	WEIGHT 28	

30. REMARKS *(See preparation instructions of covering regulation for suggested information)*

31A. NAME OF PREPARER <i>(Type or print)</i>		31B. TITLE	
31C. TELEPHONE NO.		31D. SIGNATURE	
32. REPLY			

33A. NAME OF RESPONDENT <i>(Type or print)</i>		33B. TELEPHONE NO.	
33C. ADDRESS		33D. SIGNATURE	
33E. DATE			

PART II -- (FOR CLAIMS PURPOSES)

34. THIS IS A SURVEY DOCUMENT.

☐ YES ☐ NO

35. DATE

36. TO:

37. RESPONSIBILITY

☐ CARRIER☐ SHIPPER/CONTRACTOR☐ TRANS. SHIPPING
ACTIVITY☐ RECEIVER☐ OTHER
(Specify)38. EXCEPTION NOTED ON CARRIERS DELIVERY
RECEIPT? (If "NO," explain in Remarks)☐ YES ☐ NO39. DOCUMENTS ATTACHED? (If "YES," list in
Remarks)☐ YES ☐ NO

40. PHOTOGRAPHS ATTACHED?

☐ YES ☐ NO

41. INSPECTION DATA

☐ CARRIER
INSPECTED☐ INSPECTION WAIVED
(Waiver attached)☐ ORAL WAIVER (Provide
name,☐ GOVERNMENT INSPECTED
(Report attached)

42. DISPOSITION DATA

☐ REJECTED
(Receipt attached)☐ REPAIRED AT GOVERNMENT
EXPENSE (Bill attached)☐ OTHER (Explain in Remarks)

43. REMARKS (See preparation instructions of covering regulation for suggested information)

44. DISTRIBUTION OF COPIES

45A. NAME OF PREPARER (Type or print)

45B. TITLE

45C. TELEPHONE NO.

45D. SIGNATURE

46. ACTION BY REVIEWING OFFICIALS

A. ABOVE ITEMS HAVE BEEN

☐ EXPENDED☐ RECEIVED

B. INVENTORY ACCOUNT

C. CHARGE/TRANSFER TO:

D. ACCOUNTING
CLASSIFICATION

E. APPROVED TO HOLD

RESPONSIBLE IN THE AMOUNT OF \$

(Name)

F. APPROVING
OFFICIAL

NAME (Type or print)

TITLE

SIGNATURE

DATE

47. ACTION BY CLAIMS OFFICE